



**Testimony of NAMI Connecticut (National Alliance on Mental Illness) and the Alliance for Children's Mental Health (ACMH)
Before the Higher Education and Employment Advancement
February 14, 2019**

In support of:

SB 750, An Act Concerning the Prevention and Treatment of Mental Illness at Institutions of Higher Education.

Good afternoon, Sen. Haskell, Rep. Haddad, and members of the Committee on Higher Education and Employment Advancement. My name is Susan Kelley, and I am the Director of Advocacy and Policy for NAMI Connecticut. NAMI Connecticut is the state chapter of national NAMI, the largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut provides mental health support, education, and advocacy for Connecticut children, youth, and adults impacted by mental health conditions. I also lead NAMI Connecticut's children's mental health policy program, the Alliance for Children's Mental Health (ACMH). ACMH is a collective advocacy group comprised of a broad spectrum of state stakeholders focusing on children's mental health issues, including the critical overlap of mental health with child-serving systems of education, child welfare, and juvenile justice. I am here today to testify in support of SB 750, which would require institutions of higher education to establish programs for the prevention and treatment of mental illness for undergraduate and graduate students.

We appreciate the raising of this bill which acknowledges that the mental health of college and graduate level students is essential to support their academic success and overall health and well-being. Some statistics are instructive. "Half of all chronic mental illness begin by age 14—three-quarters by age 24." <https://www.nami.org/learn-more/mental-health-by-the-numbers>. Mood disorders, such as major depression, dysthymic and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18-44. Id. Without adequate supports and mental health services, students often leave school. 37 percent of students with a mental health condition ages 14-21 and older have the highest school drop-out rate of any disability group. Id. The American College Health Association reports, based on its 2015 student survey, that mental health needs of students are often "directly related to measures of academic success." <https://www.nami.org/Blogs/NAMI-Blog/September-2017/The-Importance-of-Maintaining-Mental-Health-in-Col>

Mental Health is an Everyone Thing. Mental health is not a children's, a young adult issue, or an adult issue. It's about all families and children. *And, it's a global concern.* New research led by the World Health Organization, which was conducted among 14,000 first year college students from eight countries, found that "over 35 percent of first year students struggled with a mental illness." <https://www.cnbc.com/2018/10/04/4-ways-to-be-proactive-about-your-mental-health-in->

[college.html](#) The most common mental health conditions reported among college students were major depressive disorder (21 percent) and general anxiety disorder (18.6 percent). Id.

A Personal Story.

To help put a face to these statistics, I would like to take a moment and relate the story of my son who is a senior in college in California. He's a good kid, an "old soul," and has many friends. He also struggles with anxiety and depression, and on several occasions he wanted to drop out because he was overwhelmed with classwork and depressed. Despite getting good grades, he often was unhappy, disliking school and engaging in the typical school drug/alcohol to self-medicate.

He was fortunate to have a mental health/health center on campus. Many college campuses do not. The health center gave us comfort in the event he had a crisis which we were not able to help him address.¹ While having mental health programs for students is needed, there are significant barriers which often prevent students from getting services they need. The most significant barrier that impacted our son was stigma. He wanted to be treated like everyone else and didn't want to be perceived as different. Despite many ups and downs, our son is scheduled to graduate in May.

First Generation College Students

My son's situation is in contrast to many students attending public universities in the state without mental health supports available to them, and who end up dropping out. *Mental health prevention and treatment programs are particularly critical for the substantial percentage of students attending public higher education schools who may be first in their family to go to college.* Approximately one-third of students entering colleges in the United States each year are first-generation students.

https://www.washingtonpost.com/posteverything/wp/2016/01/20/first-generation-college-students-are-not-succeeding-in-college-and-money-isnt-the-problem/?noredirect=on&utm_term=.9cf3a81c2e9a. First generation students are less likely to graduate, and many are minority students. "In six years, 40 percent of first-generation students will have earned a bachelor's or associate's degree or a certificate, vs. 55 percent of their peers whose parents attended college." Id.—While there aren't specific statistics on how many of first generation students struggle with behavioral health issues, we know that they often have overcome trauma and significant obstacles to get to college, and once they get there, may experience stress, debt, and self-doubt. Id. As a result, this bill may have a positive impact on improving graduation rates of first generation public college and grad students.

Requiring higher education mental health prevention and treatment programs is a good first step to addressing the mental health needs of students. However, establishing programs in and of themselves will not necessarily make a difference in the lives of students. To be effective, any

¹ In Connecticut, there continues to be ambiguity concerning student safety and communication with families in higher education settings. The 2012 Sandy Hook Commission addressed these issues, and made the following recommendation: As recommended by the (Federal) Task Force to Study the Provision of Behavioral Health Services for Young Adults, Connecticut should —[c]larify, and educate all health care providers regarding, the current HIPAA and FERPA laws that address communications between clinical providers and college, school and university settings where adolescents and young adults study in order to allow enhanced and timely communication when safety due to a mental illness (threat to self or others) is an issue. (Task Force Report, 2014, p. 62). See, <http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

plan to provide mental health programs must include several essential elements, such as: 1) including the voice of students, like my son, and alumni, in every step of the program development process so that significant barriers such as those described above are addressed; 2) training of university staff and administrators in mental health in order to help breakdown stigma and create a culture on campus that promotes student well-being; 3) addressing cultural and ethnic differences around mental health issues, and the many tools available to manage mental health challenges, including alternative therapies utilizing sport, music, or art, and mindfulness skills, and 4) strategies to address the social, emotional, and cultural aspects of first generation college and grad students.

Higher education mental health programs must also address substance abuse disorders and self-medicating, i.e., using drugs and/or alcohol in order to placate anxiety, depression or other problems. Substance abuse and mental health conditions are often interrelated among college/grad students and adults. Of the 10.2 million adults with a substance abuse disorder, over half have a co-occurring mental health condition. <https://www.nami.org/learn-more/mental-health-by-the-numbers>. Dr. Sherry Benton, VP of the Society of Counseling Psychology of the American Psychological Association, aptly cautions that “the college years are frequently the time when addictions develop.” <https://www.cnbc.com/2018/10/04/4-ways-to-be-proactive-about-your-mental-health-in-college.html>.

Student Input

A great place to start for college student input and guidance on mental health issues is NAMI national's 2012 report, “College Students Speak: A Survey Report on Mental Health.” Here is a link to the report. https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf. The report recognizes that publically funded schools are continuing to face shrinking budgets as part of state fiscal woes and provides a “targeted list of services and supports that are most important to students [surveyed] living with mental health conditions.” *Id.* Of those students surveyed, stigma was the number one barrier to students seeking help and the need for providing peer support services was high on the list for how to best engage students. *Id.*, pp 4-10.

Moreover, students rated “mental health training for faculty and staff” at the top of mental health awareness activities that were rated “extremely important.” *Id.* It is often the students who understand best that it's not just about providing accessible care for students to help support academic success. Rather, school leadership and staff must prioritize students' mental health in order to achieve a better balance on campus between academic achievement and students' well-being. Often this requires a both culture and academic change. *As such, universities and colleges should also re-evaluate their existing academic curriculum and make any necessary adjustments to promote student's well-being and their ability to thrive both as students and as individuals in their communities.*²

Conclusion.

We wholeheartedly support SB 750 with the additional comments outlined above. Universities and colleges must address the needs of their students, including the increasing numbers of those with behavioral health challenges. My son was fortunate to have mental health services/supports available to him, and we believe this is one reason why he is about to

² Re-evaluating and establishing model curriculum in our public elementary and high schools is similarly needed to promote learning based on the whole child, including mental health, social emotional learning, and positive school climate.

graduate. SB 750 can potentially help many current and future state college and graduate students to graduate because they will have access to needed mental health services.

Thank you for your attention to my testimony. I would be happy to answer any questions you may have.

Respectfully submitted,

Susan R. Kelley
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Entities and individuals joining in the above testimony:

CTJJA
CT Voices for Children
Empowering Children and Families
Stamford Youth Services
Family Forward Advocacy
David Marcus, parent
Karen Kangus



ACMH Member Participants

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List of member participants does not indicate that those persons and organizations listed join in the above referenced testimony.

Connecticut Juvenile Justice Alliance (CTJJA)
CT Legal Services
CT Community Non Profit Alliance
CT Voices for Children
Center for Children's Advocacy (CCA)
Family and Children's Aid, Danbury
Dr. Irving Jennings, child psychiatrist
Clifford Beers
Family Forward Advocacy CT
African Caribbean American Parents of Children with Disabilities (AFCAMP)
Connecticut Association of Foster and Adoptive Families (CAFAF)
National Alliance on Mental Illness, Connecticut (NAMI Connecticut)
National Association of Social Workers, Connecticut
Child Guidance Center of Southern CT
The Village of Children and Families
Scarlett Lewis, Jesse Lewis Choose Love Foundation
Susan Graham, Family Champion and CONNECT consultant
Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingsworth)
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